

Emerging Trends in Breast Cancer

An interactive meeting with a focus on the most important clinical information from the December 2009 San Antonio Breast Cancer Symposium



Saturday, 16 January 2010
Swissôtel The Bosphorus, Istanbul

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EDUCATIONAL GRANTS

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Register quickly and easily online at
BreastTKY.CancerLearning.com

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9:00	Registration and Continental Breakfast	
9:50	Introduction and Pre-session Survey	Nil Molinas Mandel
10:00	Risk Assessment, Basic Biology, Genetics, and Prevention	Pinar Saip
10:20	Prognostic and Predictive Factors, Screening, and Diagnosis	Gül Başaran
10:40	Surgical Approaches	Şükrü Aktan
11:00	Question-and-Answer Session/Discussion	
11:20	Break	
11:40	Adjuvant Hormonal Therapy	Yavuz Özişik
12:00	Adjuvant Chemotherapy and Targeted Therapies	Haluk Onat
12:20	Radiation Therapy	Nuran Beşe
12:40	Question-and-Answer Session/Discussion	
13:00	Lunch	
14:00	Locally Advanced and Metastatic Breast Cancer: Hormonal Therapy	Mustafa Özdoğan
14:20	Locally Advanced and Metastatic Breast Cancer: Chemotherapy	İdris Yücel
14:40	Locally Advanced and Metastatic Breast Cancer: Targeted Therapies	Erdem Göker
15:00	Question-and-Answer Session/Discussion	
15:20	Closing Comments	Başak Oyan Uluç
	<i>Adjourn</i>	

REGISTRATION IS FREE FOR HEALTH CARE PROFESSIONALS!

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Online registration is quick and easy and only takes a minute or two. Just go to BreastKY.CancerLearning.com, click on the venue you will attend, answer some brief questions, and you will be registered.

By registering, you will secure a place at the meeting and a copy of the syllabus materials, and you will be sent a reminder a few days before the date of the meeting. In addition, you will be able to join the CancerLearning.com community and gain access to continuing education opportunities as well as the latest information on oncology.

If you prefer, you can register by completing the form below and faxing it to **001-214-367-3305**.

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____

Postal Code _____ Phone _____ Fax _____

E-mail _____ Speciality _____

(Your confirmation will be sent via e-mail.)

Check here if you have any special dietary needs



_____ Initial here if you wish to be informed of other PER educational activities.

Physicians' Education Resource

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